DEP/Oct.	25. 2012 <sub>4</sub> <b>£</b> 12:00	PMAD Hiham clevelands	د. ر	LK.	$N_{\text{o}} = 1.11 - N_{\text{o}}$	8198 FC8	APPROVED	
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	<u>45</u>		<u>- 11/24/12</u>		0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL		LE CONSTRUCTION (X3) DATE 5 COMPLI			
	· ·	PERTINONION NOIMBER	A. BUI	LDING	01 - MAIN BUILDING 01			
445369		445369	B. Wir	NG	<u> </u>	10/09/2012		
NAME OF PE	OVIDER OR SUPPLIER			ŞTRE	EET ADDRESS, CITY, STATE, ZIP COD	, >E		
CLEVELA	ND CARE & REHAB	ILITATION CENTER .			50 EXECUTIVE PARK PLACE			
				CI	LEVELAND, TN 37312			
(X4) ID		TEMENT OF DEFICIENCIES	ID THE		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION		(X6) COMPLETION	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF		CROSS-REFERENCED TO THE APPROPRIATE		DATE	
ļ	<u></u>		_		DEFICIENCY)	<u> </u>		
			1.0	اعمم				
	NFPA 101 LIFE SAFETY CODE STANDARD		K 025		K- 025	. it. soo		
SS≂D	Smoke barriers are constructed to provide at				Penetrations were sealed above the 300 hall in the clean linen storage room and the			
		ur fire resistance rating in			100 hall in the Occupational Ti	-		
		<ol> <li>Smoke barriers may</li> </ol>		- 1	bathroom by the Maintenance	16-30-12		
	terminate at an atrium wall. Windows are				10-11-12.			
	protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two							
		nents are provided on each		ĺ	2) Audit of facility was completed to		j '	
	floor. Dampers are not required in duct				identify other areas of penetrations.  Aberrances were corrected immediately.			
	penetrations of sm	oke barriers in fully ducted			This audit was completed by the	•	10-30-12	
-	heating, ventilating, and air conditioning systems.				Maintenance Director on 10-16			
	19.3.7.3, 19.3.7.5,	19.1.6.3, 19.1.6.4						
				<u> </u>	3) Penetration audit will be add			
	•				monthly preventive Maintenan to outside contractors completi			
	•				: Maintenance Director will insp		10-30-12	
		is not met as evidenced by:			to ensure that there no penetrations.		10. 5. 15.	
		ation, the facility failed to assure		1	1		,	
	smoke barrier fire ratings are maintained.				4) Audits will be reviewed qua			
	The findings include:				Quality Assurance Committee to include the Director of Nursing, the Assistant Director			
					of Nursing, MDS Coordinators			
	Observation on October 9, 2012 at 10:00 a.m.				Restorative Nurse Manager, To			
		ons above the ceiling on the			Nurse, Staff Development Coc			
	300 hall in the clean linen storage room.		ĺ		Administrator, Medical Director, Social		10-30-12	
	Observation on O	ervation on October 9, 2012 at 10:20 a.m.			Services and Activities Director for further	or for further	10,20,7	
		ons above the ceiling on the			recommendations.		1	
	100 hall in the Occ	cupational Therapy bathroom.						
	These findings we	ore verified by the Maintenance	1					
		owledged by the Administrator	1	•	77.045			
ļ	during the exit cor	nference on October 9, 2012.			K-045			
K 045		AFETY CODE STANDARD	K	045	1) Light fixture was replaced	with a double	1	
\$S=D		and of corner including over	[		bulb fixture by the Maintenar		10-30-12	
		ans of egress, including exit nged so that failure of any single	1		10-11-12.			
	alection de, le airai	See to macionary or any origin	1					
ABORATOR	YDIRECTOR'S OR PROV	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	:	TITLE		(Xe) DATE	

10 -07-12

Any deficiency statement ending with an asterisk ("Penotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Oct. 25. 2012-12:01PM ham cleveland DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 81987INIP 910/11/2012 FORW APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPL LDING	E CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE SUF COMPLET	RVEY ED				
	445369		B. WING			10/09/2012					
NAME OF PROVIDER OR SUPPLIER  CLEVELAND CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLAGE CLEVELAND, TN 37312							
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENCE		IULD BE	(X5) COMPLETION DATE				
K 04	lighting fixture (bul darkness. (This d	Continued From page 1 lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8			2) All exits were audited to ensure built fixture was in place. This aucompleted by the maintenance Di 10-12-12.	nplace. This audit was maintenance Director on					
	Based on observ	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure			A) Light fixture audits will be add monthly preventive Maintenance log will include double bulbs and Aberrances will be corrected imm      Audits will be reviewed quarter.	log. This functional. rediately.	10-30-12				
	The findings incluing Observation on O				Quality Assurance Committee to Director of Nursing, the Assistan of Nursing, MDS Coordinators, to Restorative Nurse Manager, Trea Nurse, Staff Development Coord Administrator, Medical Director, Services and Activities Director recommendations.	include the t Director he tment inator, Social	to-30-12				
K 0 ss	Director and ackr during the exit co 82 NFPA 101 LIFE S D Required automa continuously main condition and are	verified by the Maintenance nowledged by the Administrator inference on October 9, 2012. AFETY CODE STANDARD tic sprinkler systems are intained in reliable operating inspected and tested 9.7.6, 4.6.12, NFPA 13, NFPA 25,		( 0 <del>6</del> 2	K-062  1) Low voltage wiring was remofrom/around the automatic spring above the ceiling inside the clear storage room on the 300 hall, the above room 102 and 202 by the Maintenance Director on 10-12-	kler system n linen e ceiling	10-30-12				
	Based on obserthe automatic fire	is not met as evidenced by: vation, the facility failed to assure e sprinkler system is maintained ety of the residents.			2) Audit of facility was complet identify other areas of low volta attached to or supported by the a sprinkler system by the Mainten Director. This audit was completed 19-12 and aberrances were correctioned immediately.	ge wiring automatic ance eted on 10-	10-30-12				

DEPLOCT. 25. 2012,12:01PMD Hham clevelands No. 8198'RINP 10.0/11/2012 FCAM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING\_ 445369 10/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2760 EXECUTIVE PARK PLACE CLEVELAND CARE & REHABILITATION CENTER CLEVELAND, TN 37312 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 062 Continued From page 2 K 062 3) The Sprinkler System will be audited The findings include: monthly x three and quarterly there after to identify areas of low voltage wiring attached Observation on October 9, 2012 at 10:05 a.m. to or supported by the automatic sprinkler revealed numerous low voltage wiring attached to system by the Maintenance Director. Prior or supported by the automatic sprinkler system. to outside contractors completing work, the above the ceiling on the 300 hall inside the clean Maintenance Director will inspect work site linen storage room. 10-30-13 to ensure that there has been no attachment to or support of the automatic sprinkler Observation on October 9, 2012 at 10:25 a.m. revealed numerous low voltage wiring attached to utilized, or supported by the automatic sprinkler system 4) Audits will be reviewed quarterly by the above the ceiling on the 100 hall above patient Quality Assurance Committee to include the room 102. Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, the Observation on October 9, 2012 at 10:25 a.m. Restorative Nurse Manager, Treatment revealed numerous low voltage wiring attached to or supported by the automatic sprinkler system Nurse, Staff Development Coordinator. 10-30-12 above the ceiling on the 200 hall above patient Administrator, Medical Director, Social Services and Activities Director for further room 202. recommendations. These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 9, 2012.